



SOUTH CENTRAL TEXAS REGIONAL CERTIFICATION AGENCY

Your unified certification source

Certification Program Intent

Thank you for your interest in becoming certified with the South Central Texas Regional Certification Agency (SCTRCA). Certification with the SCTRCA will allow your company to sell its product or service as an eligible Small, Minority, Women Business Enterprise to public and private member entities or as a Disadvantaged Business Enterprise to Federal Transportation or Aviation funded entities participating in the SCTRCA. The SCTRCA is responsible for the certification process for these entities with a role to ensure that only firms meeting the eligibility criteria of the program participate as SBEs, MBEs, WBEs or DBEs.

Certification Program Eligibility

A firm must be independent and for-profit owned by a majority of U.S. Citizens or legally permanent residents. SCTRCA D/M/WBE standards are based on Title 49 CFR, Part 26; in accordance with U.S. Department of Transportation, Federal Transportation Administration and Federal Aviation Administration.

SBE Certification- Complete Certification Affidavit Sections 1 and 3

A firm that meets small business size standards as defined in the Small Business Administration (SBA) regulations, 13 CFR Part 121 and has annual average gross receipts or number of employees that do not exceed the cap average specified in 49 CFR Part 26 §26.65.

M/WBE Certification-Complete Certification Affidavit Sections 1, 2, and 3 with supporting documentation

A firm that is at least 51 percent owned and controlled by one or more minority or women individuals. In the case of any publicly owned business, at least 51 percent of the stock must be owned by one or more minority and/or woman individuals, and whose management and daily business operations are controlled as defined herein, by one or more of the minority or women individuals who own it. Minorities include Black, Hispanic, Asian Pacific, Asian Indian, and Native Americans.

DBE Certification- Complete Certification Affidavit Sections 1, 2, 3 and 4 with supporting documentation

A firm that is at least 51 percent owned and controlled by one or more socially and economically disadvantaged individuals, or in the case of any publicly owned business, at least 51 percent of the stock of which is owned by one or more socially and economically disadvantaged individuals; and whose management and daily business operations are controlled as defined herein, by one or more of the socially and economically disadvantaged individuals who own it; and which meets the size standards of 13 CFR Part 121; does not exceed the cap average specified in 49 CFR Part 26 §26.65; meets PNW requirements specified in 49 CFR Part 26 §26.67; and other relevant regulations.

Conditions of Application

THE EFFECTIVE DATE OF THE APPLICATION is the date when **ALL REQUIRED DOCUMENTATION** has been received, not the date of submission of an incomplete packet.

IT IS THE FULL RESPONSIBILITY OF THE APPLICANT to provide the SCTRCA with the most complete overview and details to demonstrate that his or her business meets the criteria as set forth by the SCTRCA, and to cooperate by making him/herself and documents available in a timely manner.

THE SCTRCA RESERVES THE RIGHT to require further information from the applicant prior to or during the certification process.

SUBMISSION OF THIS APPLICATION AND APPROPRIATE DOCUMENTS INDICATES that applicant understands and accepts the conditions of this application for participation in the SCTRCA certification program.

DISADVANTAGED, MINORITY AND WOMAN BUSINESS ENTERPRISES

IT IS ESSENTIAL THAT the following documents, as applicable, accompany this application form. NOTE: **IF ANY OF THE ITEMS DO NOT APPLY** to your firm, please explain on a separate sheet. The effective date of the application is the date when **ALL REQUIRED DOCUMENTATION** has been received, not the date of submission of an incomplete packet.

A. ALL APPLICANTS must submit with attached affidavit:

- **Proof of citizenship / ethnicity status**
(Birth Certificate, U.S. Passport, Alien Resident Card, Certificate of Naturalization, Tribal Card , or I.D. card indicating membership into one of the presumptive groups, etc.)
- **Certificate to do business** (Assumed Name certificate, Partnership Agreement [including buy/out rights and profit sharing] Articles of Incorporation,)

B. ALL DBE APPLICANTS must **also** include with attached affidavit:

- Federal tax returns for the firm's three previous years
- Copy of bank signature card(s)
- Copy of rental or lease agreement
- List of 3 to 5 contracts/work orders completed/or received
- Current Personal Net Worth statement

FOR A CORPORATION; ADD:

- Certificate of incorporation
- Copy of corporate by-laws
- Copy of first and last corporate meeting minutes, and any minutes that affect ownership
- Copy of stock transfer ledger and stock register
- Copy of all issued and voided stock certificates (front and back)
- Proof of stock purchase/purchase options

DBE EXCEPTIONS:

A **DBE** firm with a **CURRENT** Texas D.O.T., City of Houston, Capital Metropolitan Transit Authority, Corpus Christi Regional Transit Authority, North Central Texas Regional Certification Agency, or Small Business Administration Section 8(a), or Small Disadvantaged Business certification;

Submit Only:

- Notarized Certification Affidavit
- Current certification letter
- Federal tax returns for the firm's previous year
- Letter indicating changes in ownership and/or management in your firm's last year of business
- Personal Net Worth statement (DBEs only)

DISCLOSURE POLICY:

THE SCTRCA MUST SAFEGUARD FROM DISCLOSURE TO UNAUTHORIZED PERSONS INFORMATION GATHERED AS PART OF THE CERTIFICATION PROCESS THAT MAY REASONABLY BE REGARDED AS PROPRIETARY OR OTHER CONFIDENTIAL INFORMATION, CONSISTENT WITH APPLICABLE FEDERAL AND STATE LAW.



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CERTIFICATION AFFIDAVIT

SECTION -1: GENERAL INFORMATION

1. a. Business name : _____

 b. Doing business as (if different):

 c. Physical Address (Main Office):

 Street Name / No. / City / State / Zip / County

 d. Mailing Address (if different):

 Street Name / P.O. Box No. / City / State / Zip / County

 e. Phone: _____ Fax: _____

 f. E-mail: _____ WEB: _____

 g. Is this business organized for profit? __ Yes __ No
2. Owner's or Majority Owner's Full Name/Title/Sex/Race:

3. Tax Identification Number or Owner's Social Security Number (For Proprietors):

4. Indicate if this firm has ever received or been denied certification or participation as a D/M/WBE. Indicate the name of the certifying authority and the date of such certification or denial. **PLEASE ATTACH PROOF OF CERTIFICATION.**

Certifying Authority	Expire Date	Certification Yes/No	Reason Denied

5. Business Structure:
 __ Proprietorship __ Partnership __ Limited Partnership __ Corporation
 __ Limited Liability Corporation __ Franchise (provide copy of franchise agreement)
 __ Subsidiary- Name of parent company: _____

6. Identify your major products/services offered (PROVIDE A SPECIFIC DESCRIPTION):

a. Provide six-digit NAICS or four-digit SIC code. (www.sctrca.org)

7. Date Company Established: ____/____/____ Date Incorporated: ____/____/____

8. Does your firm share any resource(s) (office facilities, storage space, equipment or personnel) with any other firms or individuals? (Provide copy of rental or lease agreement only if applicable):

No ☐ Yes ☐ Explain: _____

9. What are the gross receipts of the firm for each of the last three years?

Year Ending	Dollar Gross Receipts	Number of Employees (Specify if Full, Part Time or Contract)

10. Name of Bonding Company (IF APPLICABLE): _____

Bonding Limit: _____

Source of Letters of Credit, if any: _____

11. Are you authorized to do business in the State as well as locally? (IF, YES PLEASE PROVIDE COPY(IES) WITH APPLICATION)

Yes ☐ No ☐

12. Company is applying for certification as a:

___ Small Business Enterprise (SBE) (Complete Sections 1 and 3)

___ Minority Business Enterprise (MBE) (Complete Sections 1, 2 and 3)

___ Woman Business Enterprise (WBE) (Complete Sections 1, 2 and 3)

___ Disadvantaged Business Enterprise (DBE) (Complete Sections 1, 2, 3 and 4)

___ Not requesting Certification, please add to general directory
(Complete Section 1)

SECTION -2: OWNERSHIP AND CONTROL

Race/Ethnic Codes: **W** -White/Caucasian **B**-Black/African American **S**-Hispanic American **A**-Asian Pacific American
O-Sub-Continent Asian American **I**-Native American **Y**-Disabled Individual

13. Please identify the firms' ownership:

	Name	Race/ Ethnicity	Sex	Years of Ownership	Ownership Percentage	Wkly Hours Worked	U.S. Citizen
A							
B							
C							

14. Date you acquired majority ownership of company: _____

15. Have there been any transfers in stock/ownership from a non-minority owner to a minority/female owner since company started? () No () Yes

Date of transfer: _____

Reason for transfer: _____

16. How was business started or acquired? List the initial contribution of money, financing source, equipment, real estate and type/years of expertise used to start business for each of the owners.

(Attach supportive documents e.g. loan agreements, initial bank statements, C.D.'s):

	Money (Dollars)	Financing Source	Equipment (Dollars)	Real Estate (Dollars)	Type/Years of Expertise
A					
B					
C					

17. Identify by name, race/ethnicity, sex and title of those individuals in the firm (including owners and non-owners) who are responsible for day-to-day management and policy decision-making, including, but not limited to those with prime responsibility for:

Area	Name	Race/ Ethnicity	Sex	Title
Financial Decisions				
Management Decisions				
Estimating				
Hiring/Firing of Management Personnel				
Purchasing of Major Items/Supplies				
Supervision of Field Operations				
Signing of Contracts				

18. For each of those listed in Question 13 and 16, on a separate sheet provide a business summary (or Resume) indicating number of years with the firm and the person's qualifications and education for assigned responsibilities.

19. List officers and directors of corporation.

Name/Title	Ethnicity	Sex	Years w/ company

20. Please list company and/or client reference below:

Company	Contact Person	Title	Telephone

21. List other businesses in which owner(s) has at least 10% ownership or owned as a majority stockholder:

Owner	Company	Title

22. Provide name of licensed individual(s) and type of license necessary for business (Submit copies of license(s) with application):

Name of License Holder	Type of License/Permit	No./Expiration

23. List and specify major office and field equipment leased.

24. Where is equipment located? _____

25. List sources of equipment rental/leases. _____

26. Suppliers only: What is the dollar value of your inventory: \$ _____
(Provide copies of written Manufacturers/Distributorship Agreements.)

27. Identify any owner or management official of the firm who is or has been an employee of another firm that has an ownership interest in or a present business relationship with the firm: _____

28. Does your firm have an agreement with any other business or person which relates to management or operation of your business? () **No** () **Yes**, please name and identify and attach a copy of any written agreement and/or explanation of any oral or intended agreement. (These include management, joint venture agreements and any other arrangements or contracts involving the provision services, management consulting, purchasing and production assistance).

AFFIDAVIT

The undersigned swears that the foregoing statements, including the Personal Net Worth statement (if applicable), are true and correct and include all material information necessary to identify and explain the operation of **(Name of Firm)**

_____ as well as the ownership thereof.

Further, the undersigned agrees to permit the SCTRCA and/or U.S. Department of Transportation (DOT) as part of this certification process and thereafter to interview owners, principals, and officers and employees and to audit and examine books, records and files of the above firm. Failure to comply with this provision could result in decertification or certification denial. Furthermore, any other public entities that are part of this agency reserve the right to reevaluate a firm's eligibility for certification.

If at any time DOT or the SCTRCA has reason to believe that any person or firm has willfully and knowingly provided incorrect information or made a false statement, the SCTRCA may refer the matter to General Counsel of the DOT or take other action pursuant to law. The General Counsel may initiate debarment procedures in accordance with 41 CFR 1-1.604 and 12-1.602 and/or refer the matter to the Department of Justice under 18 U.S.C. 1001 as the General Counsel deems appropriate.

The burden of proof of control and management of the business is on the applicant. The SCTRCA reserves the right to request any additional information deemed necessary to determine if a firm is certifiable. Failure to *cooperate* and/or provide requested information within the time specified is grounds for termination in the processing of your application for certification.

Name

Signature of Majority Owner

Title

Date

Corporate Seal (Where appropriate)

Date: _____ **State of:** _____ **County of:** _____

On this _____ **day of** _____ **(Month)** _____ **(Year), before me appeared**
(Name) _____ **to me personally known,**
who being duly sworn, did execute the foregoing affidavit and did state that he or
she was properly authorized by (name of firm)
_____ **to execute the affidavit and did so as**
his or her own free act/deed.

(Seal)

Notary Public

Commission Expires